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FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morihahn</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000058059 (2)

1. Corporation Name  
**SANGAR ENTERPRISES, INC.**

Principal Place of Business

7389 N.W. 54TH STREET  
MIAMI FL 33166

Mailing Address

7389 N.W. 54TH STREET  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1996

4. FEI Number

65-0682213

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
21 8181 NW 36th St

2a. Mailing Address  
26 8181 NW 36 St

Suite, Apt. #, etc.  
22 Suite 1006

Suite, Apt. #, etc.  
27 Suite 1006

City & State  
23 MIAMI FL

City & State  
28 MIAMI FL

Zip  
24 33166

Country  
25 USA

Zip  
29 33166

Country  
30 USA

9. Name and Address of Current Registered Agent

SANGUINO, JAVIER  
1040 N.W. 128 PLACE  
MIAMI FL 33182

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME SANGUINO, JAVIER  
STREET ADDRESS 1040 N.W. 128 PLACE  
CITY-ST-ZIP MIAMI FL 33182

TITLE D ☒ DELETE  
NAME PAEZ, CARLOS  
STREET ADDRESS 2201 TAIL FEATHER CT.  
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☒ DELETE  
NAME ACOSTA, PEDRO  
STREET ADDRESS 2201 TAIL FEATHER CT.  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*J. Sanguino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/98

305-888-0809

Date

Daytime Phone # 0234427

CR2E034 (10/97)